

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

•	equired to respond to a concessor of information divises it displays a valid civil control name or						
	Application Number	09/863,645					
	Filing Date	May 23, 2001					
	First Named Inventor	SPIES, Alberto					
	Art Unit	3765					
	Examiner Name	PATEL, Tajash D.					
	Attorney Docket Number	T5725.0002					

To: P.									
Alexandria, VA 22313-1450 Please withdraw me as attorney or agent for the above identified patent application, and									
=	X all the attorneys/agents of record.								
the attorneys/agents (with registration numbers) listed on the attached paper(s), or									
the attorneys/agents associated with Customer Nun									
NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.									
The reasons for this request are:									
File Transfer				RECEIVED					
•				JUN 2 1 2005					
TECHNOLOGY CENTER R3700									
				TEOTINOLOG	II CE	NIEH R3700			
CORRESPONDENCE ADDRESS									
1. ∐ 11	ne correspondence address is NO	affected	by this wi	thdrawal.					
2. X Change the correspondence address and direct all future correspondence to:									
The address associated with Customer Number:									
OR									
X Firm or Individual Name Alberto Spies									
Address 1100 Warburton Avenue									
City	Yonkers	State	NY		Zip	10701			
Country	U.S.A.								
Telephone	(914) 613-8920		Email			_			
Signature / M / M / M / M / M / M / M / M / M /									
Name	Keith D. Nowak			Registration No.		27,367			
Date	June 16, 2005			Telephone No.		(212) 896-5426			
NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.									